

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

COVER PAGELED

BOARD OF SUPERVISORS
SAN FRANCISCO

2011 MAR 31 AM 10: 44

2011 APR - 1 PM 2: 53

NAME OF FILER	(LAST)	(ERSIN FRANCISCO	(MIDDLE) P
Chiu		ETHICS COMMISSION	S.
1. Office,	Agency, or Court	3Y	
Agency Na	ame	D 1	
	ancisco Board of Supervisors		
Division, E	Board, Department, District, if applicable	Your Position	
District	3	Supervisor	
► If filing	for multiple positions, list below or on an attachment.		
Agency: S	SF County Transportation Authority	Position: Commissioner	
2. Jurisdi	ction of Office (Check at least one box)		
State		☐ Judge (Statewide Jurisdiction)	
Multi-C	County	San Francisco	
City of	San Francisco	Other	
3. Type of	f Statement (Check at least one box)		
Annua 2010.	al: The period covered is January 1, 2010, through December or-	ber 31, Leaving Office: Date Left/ (Check one)	
	ne period covered is/, through Decemb 110.	oer 31, O The period covered is January 1, 20 leaving office.	10, through the date of
Assur	ming Office: Date/	O The period covered is/ of leaving office.	J, through the date
☐ Candi	date: Election Year Office sought,	, if different than Part 1:	
4. Schedu	ile Summary		
Check app	olicable schedules or "None."	► Total number of pages including this cover page	ge:3
Sched	lule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Pos	sitions - schedule attached
_	lule A-2 - Investments - schedule attached	Schedule D - Income - Gifts schedule attac	
Sched	lule B - Real Property – schedule attached	Schedule E - Income – Gifts – Travel Paymer	nts - schedule attached
	-or- None - No reportable	interests on any schedule	
			l l
herein and	in any attached schedules is true and complete. I acknowle	edge this is a	
	nder penalty of perjury under the laws of the State of Ca		
Date Signe	ed March 31, 2011 (month, day, year)	Signatur	

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

David Chiu

➤ NAME OF SOURCE		► NAME OF SOURCE	-	
- 10 000 00 000100		I MAME OF SOURCE	=	
San Francisco Symphony		San Francisco 49ers		
ADDRESS (Business Address Acceptable,		ADDRESS (Business Address Acceptable)		
201 Van Ness Ave, San Franc	cisco, CA 94102	PO Box 24286, San Francisco, CA 94124		
BUSINESS ACTIVITY, IF ANY, OF SOUR		BUSINESS ACTIVITY, IF ANY, OF SOURCE		
, ,			, ,	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 , 7 , 10 \$ 258	2 tickets	10,10,10	\$228	2 tickets
/\$			\$	
			\$	•
► NAME OF SOURCE		NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		ADDRESS (Busines	s Address Acceptab	le)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	E	BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
\$			\$	
\$			\$	
	-	<u> </u>	*	
NAME OF SOURCE		► NAME OF SOURCE	<u> </u>	
ADDRESS (Business Address Acceptable)		ADDRESS (Busines:	s Address Acceptabl	le)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	E	BUSINESS ACTIVIT	Y, IF ANY, OF SOUI	RCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
\$			\$	
\$			\$	
			\$	
Comments:	<u> </u>			

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION				
Name				
David Chiu				

- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

NAME OF SOURCE	► NAME OF SOURCE		
Bike Belongs Foundation	Harvard University		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
PO Box 2359, Boulder, CO 80306	79 J.F.K St., Cambridge, MA 02138		
CITY AND STATE	CITY AND STATE		
BUSINESS ACTIVITY, IF ANY, OF SOURCE (2) 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE S 501 (c)(3)		
DATE(S): 8 / 29 / 10 - 9 / 5 / 10 AMT: S 3,400	DATE(S): 10 , 15 , 10 - 10 , 17 , 10 AMT: \$ 724.71		
TYPE OF PAYMENT: (must check one) 🔀 Gift 🔲 Income	TYPE OF PAYMENT: (must check one) 🔀 Gift 🗌 Income		
DESCRIPTION: Study tour of urban transportation and biking best practices in the Netherlands	DESCRIPTION: Speaking engagements at Harvard University		
with other Bay Area officials			
NAME OF SOURCE	► NAME OF SOURCE		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
CITY AND STATE	CITY AND STATE		
3777883 37782			
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)		
DATE(S):	DATE(S):		
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one) Gift Income		
DESCRIPTION:	DESCRIPTION:		
	[]		
Comments:			